

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	50	75316	4/28/00
O.I.P.E. CLASSIFIER	11.44.	71629	6-29-00
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	80	1091	7-30-01

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Final	Original	Date
1	✓	✓	1/27/00
2	✓	✓	6/24/00
3	✓	✓	6/24/00
4	✓	✓	6/24/00
5	✓	✓	6/24/00
6	✓	✓	6/24/00
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10	✓	✓	6/24/00
11	✓	✓	6/24/00
12	✓	✓	6/24/00
13	✓	✓	6/24/00
14	✓	✓	6/24/00
15	✓	✓	6/24/00
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If more than 150 claims or 10 actions

staple additional sheet here

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